

CITY OF BEDFORD
Department of Recreation
124 Ellenwood Avenue • Bedford, Ohio 44146

Telephone: (440) 232-1600, Ext. 218

Fax: (440) 786-1281

Night Phone: (440) 232-3422

APPLICATION and PERMIT FOR USE of ELLENWOOD CENTER & ARCHIBALD WILLARD PICNIC AREA

Date _____

Name _____ Street Address _____

City & Zip _____ Home Phone _____ Business Phone _____

Name of Organization _____

Room(s) Desired: Single _____ Double _____ MP _____ Kitchen _____ Picnic Pavilion _____

Date(s) Desired: _____

Event/Activity Hours From: _____ To: _____ Number Expected _____

Purpose for which space is to be used: _____

Set-Up and Take Down by Rec. Dept? ☐ Yes ☐ No (If Yes, a floor plan must accompany this application)

Special Equipment Required: _____

Who will be in charge of the activity? _____

Name

Phone

Will there be any fee? _____ If so, how much? _____

I, or the organization I represent, hereby agree to hold ourselves responsible for the supervision of the meeting, for the conduct of all persons present, and for any damage which may result to property. We agree to be responsible for all charges that may be made and release the City of Bedford from any liability for this use. We have read and concur with the conditions as outlined on the reverse side of this application.

☐ Bedford Police Non-Emergency Phone # (440) 232-7600

(Security purposes, if required)

Signature

☐ Permit Approved

☐ Permit Not Approved

Date: _____

* Charges: _____

Deposit of _____ due on _____

*****REMINDER**

The Ellenwood Center is **ONLY** available for the hours you have contracted for on the application.

Special Provisions: _____

Director of Recreation

* Must Notify the Recreation Department of Cancellation to avoid being charged.